MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34	1					
35		1				
36		4				
37		1				
38		1				
39		1				
40		1				
41		1				
42						
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.		32				
TOTAL CLAIMS		33				